

<i>SERFF Tracking Number:</i>	<i>FUDL-125852629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Funeral Directors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40494</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Active Series for Arkansas</i>		
<i>Project Name/Number:</i>	<i>Group schedule pages/</i>		

Filing at a Glance

Company: Funeral Directors Life Insurance Company

Product Name: Active Series for Arkansas

SERFF Tr Num: FUDL-125852629

State: ArkansasLH

TOI: L07G Group Life - Whole

SERFF Status: Closed

State Tr Num: 40494

Sub-TOI: L07G.104 Fixed/Indeterminate

Co Tr Num:

State Status: Approved-Closed

Premium - Single Life - Funeral Expense

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Ray Thompson

Disposition Date: 10/17/2008

Date Submitted: 10/09/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group schedule pages

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Additional schedule pages to be included with group certificate GRPAP402CA, which was approved on July 15, 2002, are as follows: GRPAP402CA-03-L10AS, GRPAP402CA-03-L7AS, GRPAP402CA-03-L5AS, GRPAP402CA-03-L3AS, and GRPAP402CA-03-L2AS. No existing pages of GRPAP402CA are being replaced.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/28/2002

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Trust

Deemer Date:

An application for insurance, APP-AS2008AR, is also included. It may be used with the above after it is reviewed and approved. The Flesch readability score is 43.0.

SERFF Tracking Number: FUDL-125852629 State: Arkansas
Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 40494
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: Active Series for Arkansas
Project Name/Number: Group schedule pages/

Company and Contact

Filing Contact Information

Ray Thompson, Director of Compliance rthompson@dig-inc.net
6550 Directors Parkway (325) 695-3412 [Phone]
Abilene, TX 79606 (325) 695-7840[FAX]

Filing Company Information

Funeral Directors Life Insurance Company CoCode: 99775 State of Domicile: Texas
6550 Directors Parkway Group Code: 801 Company Type: Life
Abilene, TX 79606 Group Name: DIG State ID Number:
(325) 695-3412 ext. [Phone] FEIN Number: 74-1001040

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Funeral Directors Life Insurance Company	\$40.00	10/09/2008	23086308

SERFF Tracking Number:	FUDL-125852629	State:	Arkansas
Filing Company:	Funeral Directors Life Insurance Company	State Tracking Number:	40494
Company Tracking Number:			
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name:	Active Series for Arkansas		
Project Name/Number:	Group schedule pages/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/17/2008	10/17/2008

<i>SERFF Tracking Number:</i>	<i>FUDL-125852629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Funeral Directors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40494</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Active Series for Arkansas</i>		
<i>Project Name/Number:</i>	<i>Group schedule pages/</i>		

Disposition

Disposition Date: 10/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FUDL-125852629 State: Arkansas
 Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 40494
 Company Tracking Number:
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Active Series for Arkansas
 Project Name/Number: Group schedule pages/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Act. Memo and Premium Schedule pages		No
Form	Active Series application		Yes
Form	schedule pages		Yes
Form	cash value tables (insert pages)		Yes

SERFF Tracking Number: FUDL-125852629 State: Arkansas

Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 40494

Company Tracking Number:

TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Product Name: Active Series for Arkansas

Project Name/Number: Group schedule pages/

Form Schedule

Lead Form Number: APP-AS2008AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP-AS2008AR	Application/ Enrollment Form	Active Series application	Initial		43	Active Series Application - AR.pdf
	GRPAP402 CA-03	Schedule Pages	schedule pages	Initial			AS Spec pages.pdf
	GRPAP402 CA-03	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	cash value tables	Initial			CASH VALUES TABLES GRPAP402-L.pdf

APPLICATION FOR INSURANCE OR ANNUITY**Proposed Insured/Annuitant**

First Name _____ Middle Initial _____ Last Name _____ Sex _____
 Soc Sec No _____ Age _____ Birth Date _____
 Street _____ City _____ State _____ Zip _____

**Owner
(If other than Proposed Insured/Annuitant)**

First Name _____ Middle Initial _____ Last Name _____
 Soc Sec No _____
 Street _____ City _____ State _____ Zip _____

Beneficiary Designation

Primary _____ Relationship _____
 Contingent _____ Relationship _____

Plan & Premium Payment Information

Ultimate Face Amount \$ _____ Choose One: ☐ Single Pay ☐ Multi-Pay Life ☐ Multi-Pay Annuity
 Total Paid with Application \$ _____ Scheduled Payment \$ _____
 Billing Frequency: ☐ Annual. ☐ Semi-annual. ☐ Quarterly. ☐ Monthly Years to Pay. _____
 Billing Method: ☐ Direct Bill. ☐ Coupon Book. ☐ Monthly PAC. ☐ Credit Card.
 Send Bill To: ☐ Owner. ☐ Payor. ☐ Proposed Insured/Annuitant. ☐ Individual Billing. ☐ Family Billing.

Health Information**SECTION A. -- to be answered by all applicants ("You" refers to the Proposed Insured/Annuitant).**

I, the undersigned, represent specifically for the purpose of obtaining this insurance the following:

- a) Are you now a patient in a hospital of any kind, or receiving hospice care or within the past 12 months, have you been advised by a medical practitioner to be hospitalized, but have chosen not to follow that advice? ☐ Yes ☐ No
 b) Have you received diagnosis or treatment by a licensed member of the medical profession, consulted by you, for a terminal illness or condition, not including HIV/AIDS? ☐ Yes ☐ No

If either of the above questions is answered "Yes", only a single pay annuity policy can be issued.

SECTION B. -- to be answered by all applicants for life insurance who answer "No" to all questions in Section A.

1. Are you currently bedridden, confined to a nursing home (including custodial care) or extended care facility, or have you been told within the past 12 months by a medical practitioner that you should be so confined but have chosen not to follow that advice? ☐ Yes ☐ No
 2. Within the last 36 months has a medical practitioner diagnosed you with, or treated you for, any of the following? ☐ Yes ☐ No
 Cancer; Heart Disorder; Kidney Disorder; Liver Disorder; Lung Disorder; Brain Disorder; Circulatory Disorder; Blood Disorder; Alcohol Use; Drug Use; Stroke; Alzheimer's; Insulin Dependent Diabetes; Nervous System Disorder.
 3. Have you tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection? ☐ Yes. ☐ No.
 4. _____

Name and address of personal physician (REQUIRED).

Single Pay benefits in the first 12 months may be less than the Ultimate Face Amount, but will always exceed the premium paid. For Multi-Pay Life insurance applicants, if all the above questions are answered fully, and the correct answer to all the health questions is "No", a policy providing full coverage will be issued. Otherwise, a policy with limited benefits will be issued. The limited benefit period is 1 year for 2 or 3 pay, and 2 years for payouts longer than 3 years. For Multi-Pay Annuity, the benefit is limited during the premium paying period.

Signature & Certification

I, the undersigned, hereby apply to Funeral Directors Life Insurance Company for life insurance or annuity coverage. I affirm that, to the best of my knowledge and belief, statements in this application are true and complete. I understand that false statements or misrepresentations may result in loss of coverage. **I agree that no coverage is effective unless a premium has been paid and a policy or certificate has been issued during the lifetime of the insured/annuitant and while the health condition of the insured/annuitant remains the same as described in this application.** I may return the policy within 30 days of receipt for a full refund. I hereby grant consent for any of the below listed entities to give to Funeral Directors Life Insurance Company information about my past or present physical or mental condition, and health care service provided to me. I may revoke my consent at any time by calling 1-800-234-8031. This consent shall apply to any health care or custodial facility, clinic, practitioner, hospital or medical service plan, health service plan, health maintenance organization, employee welfare benefit plan or group health plan. I understand that information disclosed pursuant to this consent shall be used for the sole purpose of insurance rating, investigating a claim or other insurance activities. I understand the authorization is valid for no longer than 24 months and that I or my authorized representative are entitled to receive a copy of the authorization form. **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties. Penalties include imprisonment, fines and denial of insurance benefits.**

Does the Proposed Insured/Annuitant have existing policies or contracts? ☐ Yes. ☐ No.

Will the Insurance/Annuity applied for replace any existing coverage on the same Proposed Insured/Annuitant? ☐ Yes ☐ No
 If yes, provide company name and policy number (agents: complete required Replacement Form)

Signature & Consent of Proposed Insured/Annuitant _____ Phone. _____

Signature of Owner (if other than Proposed Insured/Annuitant) _____ Phone. _____

City Where Signed _____ State. _____ Date. _____ Best time to call Proposed Insured/Annuitant _____

To the best of my knowledge, the coverage applied for _____ WILL NOT _____ WILL replace existing coverage. **(check one)**
 I certify that all information contained in this application is true to the best of my knowledge, was recorded accurately, and that this application was signed in my presence.

Print Agent Name _____ Agent Signature _____ License No. _____

PERSONAL INFORMATION

Certificate Number: [Sample002]

Covered Person: [John Doe]

Issue Age: [35]

Face Amount: \$[5,000]

Certificate Date: [October 24, 2008]

Limited death benefit period:

2 Years (1 Year when premiums are paid for 2 or 3 years)

DEATH BENEFIT SCHEDULE

Death Benefit per \$1,000 Alternative Insurance Amount					
Certificate Month of Death	Years Premiums are Payable				
	2	3	5	7	10
1	\$56	\$42	\$26	\$22	\$18
2	\$112	\$84	\$52	\$44	\$36
3	\$168	\$126	\$78	\$66	\$54
4	\$224	\$168	\$104	\$88	\$72
5	\$280	\$210	\$130	\$110	\$90
6	\$336	\$252	\$156	\$132	\$108
7	\$392	\$294	\$182	\$154	\$126
8	\$448	\$336	\$208	\$176	\$144
9	\$504	\$378	\$234	\$198	\$162
10	\$560	\$420	\$260	\$220	\$180
11	\$616	\$462	\$286	\$242	\$198
12	\$672	\$504	\$312	\$264	\$216
13	\$1,000	\$1,000	\$700	\$286	\$234
14	\$1,000	\$1,000	\$700	\$308	\$252
15	\$1,000	\$1,000	\$700	\$330	\$270
16	\$1,000	\$1,000	\$700	\$352	\$288
17	\$1,000	\$1,000	\$700	\$374	\$306
18	\$1,000	\$1,000	\$700	\$396	\$324
19	\$1,000	\$1,000	\$700	\$418	\$342
20	\$1,000	\$1,000	\$700	\$440	\$360
21	\$1,000	\$1,000	\$700	\$462	\$378
22	\$1,000	\$1,000	\$700	\$484	\$396
23	\$1,000	\$1,000	\$700	\$506	\$414
24	\$1,000	\$1,000	\$700	\$528	\$432
Thereafter	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

For death, other than accidental death, the death benefit is limited to the amount shown.

Premium: Limited pay – premium payable for 10 years.

Monthly Draft	Monthly Payment	Quarterly Payment	Semi-annual Payment	Annual Payment
\$[55.00]	\$[56.71]	\$[169.95]	\$[339.90]	\$[618.30]

Owner and Beneficiary: As designated in the application or as later changed.

Cash Values Table

(See following insert page)

PERSONAL INFORMATION

Certificate Number: [Sample002]

Covered Person: [John Doe]

Issue Age: [35]

Face Amount: \$[5,000]

Certificate Date: [October 24, 2008]

Limited death benefit period:

2 Years (1 Year when premiums are paid for 2 or 3 years)

DEATH BENEFIT SCHEDULE

Death Benefit per \$1,000 Alternative Insurance Amount					
Certificate Month of Death	Years Premiums are Payable				
	2	3	5	7	10
1	\$56	\$42	\$26	\$22	\$18
2	\$112	\$84	\$52	\$44	\$36
3	\$168	\$126	\$78	\$66	\$54
4	\$224	\$168	\$104	\$88	\$72
5	\$280	\$210	\$130	\$110	\$90
6	\$336	\$252	\$156	\$132	\$108
7	\$392	\$294	\$182	\$154	\$126
8	\$448	\$336	\$208	\$176	\$144
9	\$504	\$378	\$234	\$198	\$162
10	\$560	\$420	\$260	\$220	\$180
11	\$616	\$462	\$286	\$242	\$198
12	\$672	\$504	\$312	\$264	\$216
13	\$1,000	\$1,000	\$700	\$286	\$234
14	\$1,000	\$1,000	\$700	\$308	\$252
15	\$1,000	\$1,000	\$700	\$330	\$270
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18	\$1,000	\$1,000	\$700	\$396	\$324
19	\$1,000	\$1,000	\$700	\$418	\$342
20	\$1,000	\$1,000	\$700	\$440	\$360
21	\$1,000	\$1,000	\$700	\$462	\$378
22	\$1,000	\$1,000	\$700	\$484	\$396
23	\$1,000	\$1,000	\$700	\$506	\$414
24	\$1,000	\$1,000	\$700	\$528	\$432
Thereafter	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

For death, other than accidental death, the death benefit is limited to the amount shown.

Premium: Limited pay – premium payable for 7 years.

Monthly Draft	Monthly Payment	Quarterly Payment	Semi-annual Payment	Annual Payment
\$[70.00]	\$[72.17]	\$[216.30]	\$[432.60]	\$[786.90]

Owner and Beneficiary: As designated in the application or as later changed.

Cash Values Table

(See following insert page)

PERSONAL INFORMATION

Certificate Number: [Sample002]

Covered Person: [John Doe]

Issue Age: [35]

Face Amount: \$[5,000]

Certificate Date: [October 24, 2008]

Limited death benefit period:

2 Years (1 Year when premiums are paid for 2 or 3 years)

DEATH BENEFIT SCHEDULE

Death Benefit per \$1,000 Alternative Insurance Amount					
Certificate Month of Death	Years Premiums are Payable				
	2	3	5	7	10
1	\$56	\$42	\$26	\$22	\$18
2	\$112	\$84	\$52	\$44	\$36
3	\$168	\$126	\$78	\$66	\$54
4	\$224	\$168	\$104	\$88	\$72
5	\$280	\$210	\$130	\$110	\$90
6	\$336	\$252	\$156	\$132	\$108
7	\$392	\$294	\$182	\$154	\$126
8	\$448	\$336	\$208	\$176	\$144
9	\$504	\$378	\$234	\$198	\$162
10	\$560	\$420	\$260	\$220	\$180
11	\$616	\$462	\$286	\$242	\$198
12	\$672	\$504	\$312	\$264	\$216
13	\$1,000	\$1,000	\$700	\$286	\$234
14	\$1,000	\$1,000	\$700	\$308	\$252
15	\$1,000	\$1,000	\$700	\$330	\$270
16	\$1,000	\$1,000	\$700	\$352	\$288
17	\$1,000	\$1,000	\$700	\$374	\$306
18	\$1,000	\$1,000	\$700	\$396	\$324
19	\$1,000	\$1,000	\$700	\$418	\$342
20	\$1,000	\$1,000	\$700	\$440	\$360
21	\$1,000	\$1,000	\$700	\$462	\$378
22	\$1,000	\$1,000	\$700	\$484	\$396
23	\$1,000	\$1,000	\$700	\$506	\$414
24	\$1,000	\$1,000	\$700	\$528	\$432
Thereafter	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

For death, other than accidental death, the death benefit is limited to the amount shown.

Premium: Limited pay – premium payable for 5 years.

Monthly Draft	Monthly Payment	Quarterly Payment	Semi-annual Payment	Annual Payment
\$[82.50]	\$[85.05]	\$[254.93]	\$[509.85]	\$[927.40]

Owner and Beneficiary: As designated in the application or as later changed.

Cash Values Table

(See following insert page)

PERSONAL INFORMATION

Certificate Number: [Sample002]

Covered Person: [John Doe]

Issue Age: [35]

Face Amount: \$[5,000]

Certificate Date: [October 24, 2008]

Limited death benefit period:

2 Years (1 Year when premiums are paid for 2 or 3 years)

DEATH BENEFIT SCHEDULE

Death Benefit per \$1,000 Alternative Insurance Amount					
Certificate Month of Death	Years Premiums are Payable				
	2	3	5	7	10
1	\$56	\$42	\$26	\$22	\$18
2	\$112	\$84	\$52	\$44	\$36
3	\$168	\$126	\$78	\$66	\$54
4	\$224	\$168	\$104	\$88	\$72
5	\$280	\$210	\$130	\$110	\$90
6	\$336	\$252	\$156	\$132	\$108
7	\$392	\$294	\$182	\$154	\$126
8	\$448	\$336	\$208	\$176	\$144
9	\$504	\$378	\$234	\$198	\$162
10	\$560	\$420	\$260	\$220	\$180
11	\$616	\$462	\$286	\$242	\$198
12	\$672	\$504	\$312	\$264	\$216
13	\$1,000	\$1,000	\$700	\$286	\$234
14	\$1,000	\$1,000	\$700	\$308	\$252
15	\$1,000	\$1,000	\$700	\$330	\$270
16	\$1,000	\$1,000	\$700	\$352	\$288
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22	\$1,000	\$1,000	\$700	\$484	\$396
23	\$1,000	\$1,000	\$700	\$506	\$414
24	\$1,000	\$1,000	\$700	\$528	\$432
Thereafter	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

For death, other than accidental death, the death benefit is limited to the amount shown.

Premium: Limited pay – premium payable for 3 years.

Monthly Draft	Monthly Payment	Quarterly Payment	Semi-annual Payment	Annual Payment
\$[120.00]	\$[123.71]	\$[370.80]	\$[741.60]	\$[1,348.95]

Owner and Beneficiary: As designated in the application or as later changed.

Cash Values Table

(See following insert page)

PERSONAL INFORMATION

Certificate Number: [Sample002]

Covered Person: [John Doe]

Issue Age: [35]

Face Amount: \$[5,000]

Certificate Date: [October 24, 2008]

Limited death benefit period:

2 Years (1 Year when premiums are paid for 2 or 3 years)

DEATH BENEFIT SCHEDULE

Death Benefit per \$1,000 Alternative Insurance Amount					
Certificate Month of Death	Years Premiums are Payable				
	2	3	5	7	10
1	\$56	\$42	\$26	\$22	\$18
2	\$112	\$84	\$52	\$44	\$36
3	\$168	\$126	\$78	\$66	\$54
4	\$224	\$168	\$104	\$88	\$72
5	\$280	\$210	\$130	\$110	\$90
6	\$336	\$252	\$156	\$132	\$108
7	\$392	\$294	\$182	\$154	\$126
8	\$448	\$336	\$208	\$176	\$144
9	\$504	\$378	\$234	\$198	\$162
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22	\$1,000	\$1,000	\$700	\$484	\$396
23	\$1,000	\$1,000	\$700	\$506	\$414
24	\$1,000	\$1,000	\$700	\$528	\$432
Thereafter	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

For death, other than accidental death, the death benefit is limited to the amount shown.

Premium: Limited pay – premium payable for 2 years.

Monthly Draft	Monthly Payment	Quarterly Payment	Semi-annual Payment	Annual Payment
\$[192.50]	\$[198.46]	\$[594.83]	\$[1,189.65]	\$[2,164.00]

Owner and Beneficiary: As designated in the application or as later changed.

Cash Values Table

(See following insert page)

CASH VALUES TABLE

Interest Rates: Reserves - 4.00% Cash Values - 5.00%

Age End of Year	35 Cash Value	Paid Up Life
1	0	0
2	13.85	74
3	39.35	203
4	66.01	327
5	93.88	447
6	123.01	564
7	153.46	677
8	185.31	788
9	218.66	895
10	253.58	1000
11	263.14	1000
12	272.99	1000
13	283.14	1000
14	293.59	1000
15	304.34	1000
16	315.39	1000
17	326.72	1000
18	338.34	1000
19	350.22	1000
20	362.37	1000

GRPAP402L-10-400/500

3a

CASH VALUES TABLE

Interest Rates: Reserves - 4.00% Cash Values - 5.00%

Age	35	
End of	Cash	Paid Up
Year	Value	Life
1	0	0
2	25.4	136.19
3	61.97	319.38
4	100.28	496.92
5	140.42	669.26
6	182.47	836.79
7	226.55	1000
8	235.29	1000
9	244.3	1000
10	253.58	1000
11	263.14	1000
12	272.99	1000
13	283.14	1000
14	293.59	1000
15	304.34	1000
16	315.39	1000
17	326.72	1000
18	338.34	1000
19	350.22	1000
20	362.37	1000

GRPAP402L-7-400/500

3a

CASH VALUES TABLE

Interest Rates: Reserves - 4.00% Cash Values - 5.00%

Age	35	
End of	Cash	Paid Up
Year	Value	Life
1	0	0
2	45.26	242.67
3	97.49	502.44
4	152.3	754.7
5	209.81	1000
6	218.06	1000
7	226.55	1000
8	235.29	1000
9	244.3	1000
10	253.58	1000
11	263.14	1000
12	272.99	1000
13	283.14	1000
14	293.59	1000
15	304.34	1000
16	315.39	1000
17	326.72	1000
18	338.34	1000
19	350.22	1000
20	362.37	1000

GRPAP402L-5-400/500

3a

CASH VALUES TABLE

Interest Rates: Reserves - 4.00% Cash Values - 5.00%

Age	35	
End of	Cash	Paid Up
Year	Value	Life
1	23.36	130.33
2	106.59	571.5
3	194.03	1000
4	201.8	1000
5	209.81	1000
6	218.06	1000
7	226.55	1000
8	235.29	1000
9	244.3	1000
10	253.58	1000
11	263.14	1000
12	272.99	1000
13	283.14	1000
14	293.59	1000
15	304.34	1000
16	315.39	1000
17	326.72	1000
18	338.34	1000
19	350.22	1000
20	362.37	1000

GRPAP402L-3-400/500

3a

CASH VALUES TABLE

Interest Rates: Reserves - 4.00% Cash Values - 5.00%

Age	35	
End of	Cash	Paid Up
Year	Value	Life
1	62.11	346.52
2	186.51	1000
3	194.03	1000
4	201.8	1000
5	209.81	1000
6	218.06	1000
7	226.55	1000
8	235.29	1000
9	244.3	1000
10	253.58	1000
11	263.14	1000
12	272.99	1000
13	283.14	1000
14	293.59	1000
15	304.34	1000
16	315.39	1000
17	326.72	1000
18	338.34	1000
19	350.22	1000
20	362.37	1000

GRPAP402L-2-400/500

3a

<i>SERFF Tracking Number:</i>	<i>FUDL-125852629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Funeral Directors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40494</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Active Series for Arkansas</i>		
<i>Project Name/Number:</i>	<i>Group schedule pages/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FUDL-125852629 State: Arkansas
Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 40494
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: Active Series for Arkansas
Project Name/Number: Group schedule pages/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/09/2008

Comments:

I certify that this filing meets the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department to the best of my knowledge, information and belief. The Flesch Readability score for the new application for insurance is 43.0.

Review Status:

Satisfied -Name: Application 10/09/2008

Comments:

Application APP-AS2008AR is included with this filing and it may be used after it has been reviewed and approved. Application GRPAP402-APP may also be used. It was approved for use by the Arkansas Insurance Department on July 16, 2002.